


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 05, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000135456</b> 1. Entity Name <b>CONCH CARE INC.</b>	
--	---

Principal Place of Business <b>P.O. BOX 430309 BIG PINE KEY, FL 33043</b>	Mailing Address <b>P.O. BOX 430309 BIG PINE KEY, FL 33043</b>
--	--

**DO NOT WRITE IN THIS SPACE**



02012005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-1166563</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**STUMP, GALE  
30225 OLEANDER BLVD.  
BIG PINE KEY, FL 33043**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>1100000215935 02/05/05-80029-001 150.00</b>
---	--	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STUMP, GALE 30225 OLEANDER BLVD. BIG PINE KEY, FL 33043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SERGI, HOLLY 857 BIG PINE AVE BIG PINE KEY, FL 33043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, KIM P.O. BOX 420157 SUMMERLAND KEY, FL 33042
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LECONEY, WADE 641 WEST INDIES DRIVE SUMMERLAND KEY, FL 33042
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Gale C Stump Gale C Stump 2/2/05 305-304-1163  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #